**ANIMAL WELFARE INSPECTION**

**BUSINESS NAME:** Bladen County Animal Shelter  
**OWNER:** Bladen County  
**ADDRESS:** Smith Cir Elizabeth Town NC  
**TELEPHONE:** (910) 862-6918  
**COUNTY:** Bladen  
**TYPE FACILITY:** Animal Shelter  
**NUMBER OF PRIMARY ENCLOSURES:** 10  
**ANIMALS PRESENT:** Dogs 22  
**Cats**

**Structure**
- Housing Facilities
  - 1. Structure & Repair
  - 3. Lighting
  - 4. Storage
  - 6. Water Drainage

**Sanitation**
- 11. Waste Disposal
- 12. Odor
- 13. Ceiling, Wall, Floors
- 14. Primary Enclosures
- 15. Equipment & Supplies
- 17. Washrooms, Sinks, Basins
- 18. Insect/Vermin Control
- 19. Adequate Feed/Water
- 20. Food Storage
- 21. Personnel
- 22. Animals’ Appearance

**Husbandry**
- 23. Records
- 24. Records/Vet Treatment
- 25. Origin/Disposition
- 26. Signature (boarding kennel)
- 27. Care in Transit Discussed
- 28. Isolation Facility
- 29. No Signs of Illness/Treated

**Item Number**  
**Explanation of Inadequacy (circled items above) And Recommendation For Compliance**  
**Date Corrections Must Be Completed**

1. Pens need repair. Pens rusted.
2. Concrete in floor of kennel area needs to be sealed.
3. No sink to clean food/water bowls. Utilizing plastic garbage cans.
4. No hot water in kennel area.
5. In the process of shelter expansion in the proposed budget for 06/07.

**APPROVED**  
**DISAPPROVED**

**Date:** 5/24/06  
**Time:** 11:15 AM

**Veterinarian:** Dr. Matthew Dr. Brian Moyer  
**Telephone:**

**Inspector’s Signature:** [Signature]  
**Owner/Authorized Agent’s Signature:** [Signature]

**AW-2**  
**Rev. 2/05**  
**White = Office**  
**Canary = Inspector**  
**Pink = Owner**